

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
15 OCT 2005 6 AM 11:10

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

COMMITTEE TO ELECT ROBERT MARSHALL

ADDRESS (number and street) 3304 GROVE AVE

Check if different than previously reported. (ACC) BERYN 14 60402-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000583567

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ DISTRICT 14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☒ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2015 through 09/30/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ROBERT MARSHALL

Signature of Treasurer Robert Marshall

Date 10/13/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT ROBERT MARSHALL

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2015

To:

MM / DD / YYYY
09 / 30 / 2015

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) .. | 0 | 0 |
| (b) Total Contribution Refunds (from Line 20(d)) .. | 0 | 0 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .. | 0 | 0 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 0 | 0 |
| (b) Total Offsets to Operating Expenditures (from Line 14)... | 0 | 0 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ... | 0 | 0 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 0 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .. | 0 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ... | 21,000 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

201510160200276427

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT ROBERT MARSHALL

Report Covering the Period:

From:

6/7/2015

To:

09/30/2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A)...

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ..

(b) Political Party Committees...

(c) Other Political Committees
(such as PACs) ..

(d) The Candidate

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES ..

13. LOANS:

(a) Made or Guaranteed by the
Candidate...

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.) ..

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)...

0

0

0

0

0

0

0

0

0

210.00

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210.00

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210.00

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210.00

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210.00

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210.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

6

0

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES ..

0

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate...

0

0

(b) Of All Other Loans

0

0

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))...

0

0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees...

0

0

(b) Political Party Committees...

0

0

(c) Other Political Committees
(such as PACs) ..

0

0

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c))...

6

0

21. OTHER DISBURSEMENTS ..

750

750

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

750

750

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

0

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

21,000

25. SUBTOTAL (add Line 23 and Line 24)...

21,000

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

750

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)...

20,250

201510160200276429

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 10

(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ROBERT MARSHALL

Full Name (Last, First, Middle Initial)

A. none other than loans

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 10

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (Full)

COMMITTEE TO ELECT Robert Marshall

| | | | |
|---|---|------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code Network Solutions - Fla. Web.com 800-311-2707 | Purpose of Disbursement website creation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/17/15 | Amount of Each Disbursement This Period 115 |
| B. Full Name, Mailing Address and ZIP Code Bernie Sanders for Pres. Vermont | Purpose of Disbursement fundraisers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) Aug | Amount of Each Disbursement This Period 100 |
| C. Full Name, Mailing Address and ZIP Code Statehouse Inn 101 Adams Springfield Ill | Purpose of Disbursement stay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/21 | Amount of Each Disbursement This Period 111 |
| D. Full Name, Mailing Address and ZIP Code Northwest Cook Co. Township Dem Org. | Purpose of Disbursement fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/22 | Amount of Each Disbursement This Period 25 |
| E. Full Name, Mailing Address and ZIP Code DuPage Co. Dem Party | Purpose of Disbursement fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 8/27 | Amount of Each Disbursement This Period 20 |
| F. Full Name, Mailing Address and ZIP Code Easy Media List.com | Purpose of Disbursement list of media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) Aug 29 | Amount of Each Disbursement This Period 48 331 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) ..

TOTAL This Period (last page this line number only) ..

750

201510160200276431

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT ROBERT MARSHALL

| | | | | |
|---|--------------|-------------------|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MARSHALL, ROBERT | | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Mailing Address 1200 WOODVIEW RD. | | | | |
| City BURR RIDGE, IL. | State IL. | ZIP Code 60527 | | |

| | | |
|-----------------------------------|---------------------------------|---|
| Original Amount of Loan 21,000 | Cumulative Payment To Date 0 | Balance Outstanding at Close of This Period 21,000 |
|-----------------------------------|---------------------------------|---|

TERMS

| | | | |
|---------------------------------|-----------------|----------------------------|---|
| Date Incurred 08 / 01 / 2015 | Date Due N/A | Interest Rate 3 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------|-----------------|----------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) all loans from R. Marshall are from personal funds | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|--------|
| SUBTOTALS This Period This Page (optional)... | 21,000 |
| TOTALS This Period (last page in this line only) .. | 21,000 |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 8 of Schedule C

| | | | |
|--|----------------|---|--------------------------|
| NAME OF COMMITTEE (In Full) COMMITTEE TO ELECT ROBERT MARSHALL | | FEC IDENTIFICATION NUMBER C | |
| LENDING INSTITUTION (LENDER) Full Name | | Amount of Loan | Interest Rate (APR) % |
| Mailing Address | | Date Incurred or Established | |
| City | State Zip Code | Date Due | |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes | | If yes, date originally incurred | |
| B. If line of credit, Amount of this Draw: | | Total Outstanding Balance: | |
| C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: | | What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: | | What is the estimated value? | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: | | Location of account: Address: City, State, Zip: | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | |
| G. COMMITTEE TREASURER Typed Name Signature | | DATE | |
| H. Attach a signed copy of the loan agreement. | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. | | | |
| AUTHORIZED REPRESENTATIVE Typed Name Signature | | DATE | |

201510160200276433

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 10

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ROBERT MARSHALL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ..

2) TOTALS This Period (last page this line number only) ..

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ..

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

10 of 20

| | | | |
|---|--|--|---|
| Name of Principal Campaign Committee (In Full) COMMITTEE TO ELECT ROBERT MARSHALL | | Report Covering Period: From: 07 / 01 / 2015 To: 09 / 30 / 2015 | |
| Committee Name | | (a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees | (b) Line No. 11(b) Total Contributions From Political Party Committees |
| A | | | |
| B | Column Total Last Page Only..... | | |
| | (c) Line No. 11(c) Total Contributions From Other Political Committees | (d) Line No. 11(d) Total Contributions From The Candidate | (e) Line No. 11(e) Total Contributions |
| A | 0 | 0 | 0 |
| B | | | |
| | (f) Line No. 12 Total Transfers From Other Authorized Committees | (g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate | (h) Line No. 13(b) Total All Other Loans |
| A | 0 | 21,000 | |
| B | | | |
| | (i) Line No. 13(c) Total Loans | (j) Line No. 14 Total Offsets to Operating Expenditures | (k) Line No. 15 Total Other Receipts |
| A | 21,000 | 0 | 0 |
| B | | | |
| | (l) Line No. 16 Total Receipts | (m) Line No. 17 Total Operating Expenditures | (n) Line No. 18 Total Transfers to Other Authorized Committees |
| A | 0 | 0 | 0 |
| B | | | |
| | (o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate | (p) Line No. 19(b) Total Loan Repayments of All Other Loans | (q) Line No. 19(c) Total Loan Repayments |
| A | | | |
| B | | | |
| | (r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons | (s) Line No. 20(b) Total Contribution Refunds to Political Party Committees | (t) Line No. 20(c) Total Contribution Refunds to Other Political Committees |
| A | | | |
| B | | | |
| | (u) Line No. 20(d) Total Contribution Refunds | (v) Line No. 21 Total Other Disbursements | (w) Line No. 22 Total Disbursements |
| A | | 750 | 750 |
| B | | | |
| | (x) Line No. 23 Cash on Hand Beginning of Reporting Period | (y) Line No. 27 Cash on Hand Close of Reporting Period | (z) Line No. 9 Debts & Obligations Owed TO the Committee |
| A | 0 | 20,250 | |
| B | | | |
| | (aa) Line No. 10 Debts & Obligations Owed BY the Committee | (bb) Line No. 6(c) Net Contributions | (cc) Line No. 7(c) Net Operating Expenditures |
| A | 21,000 | | |
| B | | | |

201510160200276435

PRESS FIRMLY TO SEAL

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TEST SERVICE IN THE U.S.

INTERNATIONALLY,
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MAY BE REQUIRED.



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0001000006

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- ☐ SIGNATURE REQUIRED *Note: The mailer must check the "Signature Required" box if the mailer: (1) requires the addressee's signature; OR (2) purchases additional insurance; OR (3) purchases COO service; OR (4) purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.*
- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
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- PHONE ()

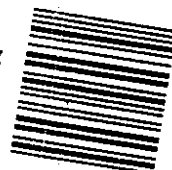
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☐ 1-Day

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☐ 3-Day

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☐ 5-Day

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☐ 11-Day

☐ 12-Day

☐ 13-Day

☐ 14-Day

☐ 15-Day

☐ 16-Day

☐ 17-Day

☐ 18-Day

☐ 19-Day

PO ZIP Code

Scheduled Delivery Date (MM/DD/YYYY)

Postage

Insurance Fee

COO Fee

Live Animal Transportation Fee

Return Receipt Fee

Signature Required Fee

Signature Required Fee

Signature Required Fee

Signature Required Fee

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

USPS FIRST CLASS MAIL

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED

USPS PRIORITY MAIL

Postmark

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

☐

POSTMARK

☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

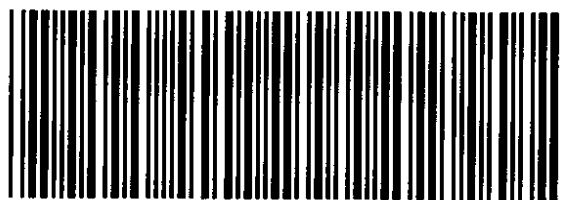
PH

DATE PREPARED

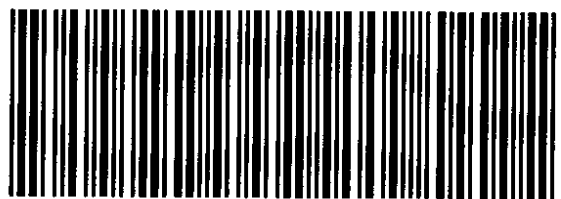
10-16-15

2/28/2015

201510160200276437



SEN PATCH



SEN PATCH

201510160200276438